



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Temporal	Clara		941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI 96826			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

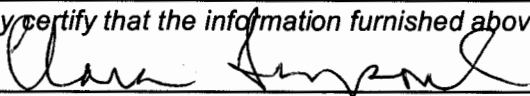
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Credit Union League	941-0556	
MAILING ADDRESS (Street)	FAX	
1654 S. King St.	945-0019	
(City)	(State)	(Zip Code)
Honolulu, HI 96826		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Michael P. Leach		
MAILING ADDRESS (Street)	FAX	
1654 S. King St.		
(City)	(State)	(Zip Code)
Kailua, HI 96826		

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
XX Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	XX Other: (indicate below)
Ecology, Energy Environmental Protection	XX Housing	Public Safety & Corrections	<u>Financial</u>
			<u>Institutions</u>

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/3/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Dennis K. Tanimoto

President

NAME OF ORGANIZATION (if applicable)

Hawaii Credit Union League

TELEPHONE

941-0556

MAILING ADDRESS (Street)

1654 S. King St.

FAX

945-0019

(City)

(State)

(Zip Code)

Honolulu, HI 96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/3/05  
(Date)